

Maryland Medicaid Program Self-Referral Provisions for HealthChoice Members

A self-referral service is a health care service for which, under specified circumstances, Managed Care Organizations (MCOs) are required to pay an out-of-network provider without a referral or authorization by the primary care provider (PCP). MCOs are required to pay for self-referral services at the Medicaid FFS rate. Beneficiaries must use in-network pharmacy and laboratory services when accessing self-referral services.

Beneficiaries who are enrolled in MCOs can self-refer for the following services:

- Family planning services
- Pregnancy-related services initiated prior to MCO enrollment
- Prenatal, intrapartum, and postpartum services performed at a free-standing birth center located in Maryland or a contiguous state
- Newborn's initial medical exam in the hospital
- Child in State supervised care - initial medical exam by EPSDT certified provider (Providers must bill with Modifier 32.)
- School-based health center services
- Emergency services as described in COMAR 10.09.66
- HIV/AIDS annual diagnostic and evaluation service visit
- Renal dialysis services provided in a Medicare certified facility

Self-referral for Family Planning

- All Medicaid beneficiaries are covered for family planning services and are free to choose the Medicaid family planning provider of their choice; see [Factsheet #2](#)
- HealthChoice members may go to an out-of-network provider for family planning services without a referral from their primary care provider (PCP), with the exception of permanent sterilization procedures; see [Factsheet #5](#)
- The scope of services covered under this self-referral provision is limited to those services required for contraceptive management. Routine and problem oriented GYN and urology services require prior approval from the MCO.
- For additional information regarding Medicaid's reproductive health services and self-referral services, contact the Division of Community Liaison and Care Coordination at 410-767-3605.

Billing MCOs

- Submit claims for self-referral services to the beneficiary's MCO within six (6) months of the date of service.
- For self-referred family planning related services the appropriate ICD-10 diagnosis code (Z30 series) must be indicated on the claim form in order for the MCO to recognize that the preventive medicine or E&M code is related to a family planning service.
- Go to the **HealthChoice Provider Brochure** for MCO contact information at: https://mmcp.health.maryland.gov/healthchoice/Documents/HealthChoice_Provider_Brochure_11.17.2017.pdf